



Curam Healthnet











Making Sense of Street Chaos

An Ethnographic Exploration of the
Health Service Utilization of Homeless
People in Dublin.

Acknowledgements: Dr Derval Howley Dr David Wainwright.

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**If you were to
provide a health
service for one
group of people
it would be
homeless
people.....**

Homelessness: An Unhealthy State

**HEALTH STATUS, RISK BEHAVIOURS AND
SERVICE UTILISATION AMONG
HOMELESS PEOPLE IN TWO IRISH CITIES**





Research

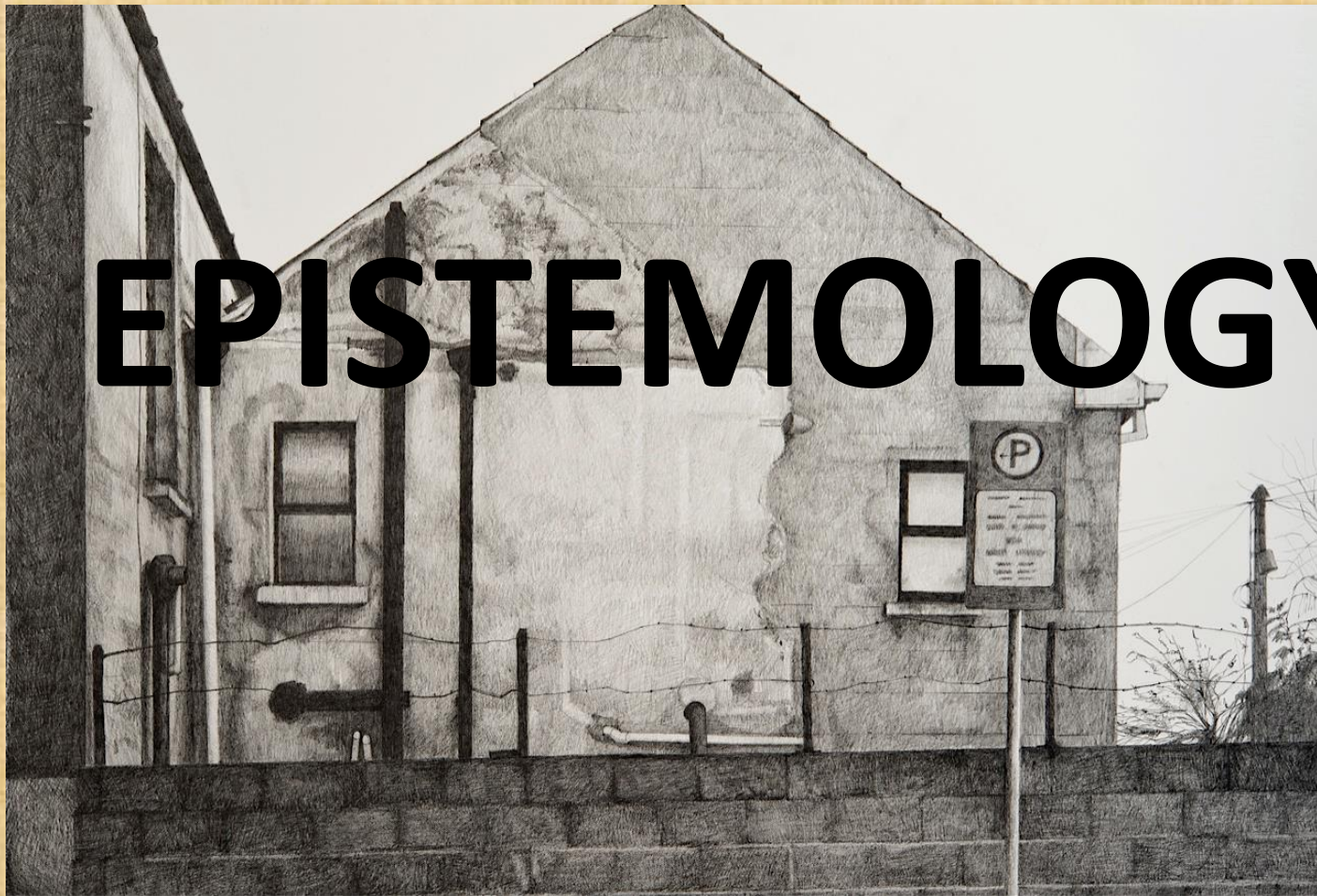
Ethnographic Street

Hugh

- **Over 160 hours of field work over 1 year.**
- **4 different sites.**
- **47 Semi Structured Interviews**
- **2 Focus Groups with Hospital doctors and homeless people**



CRITICAL REALISM



Artist: Dorothy Smith

Constructed Nature of Homelessness



Reality of Homeless Existence



Generative Mechanisms

- Generative Level
- Actual Level
- Empirical Level



Delayed presentation for treatment.

(39 sources/75 references).

- *'It just.....I didn't think I could die or if I cared...I kind of waited and waited 'till the last minute before I'd do something about it.'*



DELAYED

Defaulting from treatment prior to completion.

(33 Sources/78 references)

- *'Drunk one night and I must have hit my head against something, but I ...if I had...I'd to have 4 stitches or 4 staples and I just left....I had left the hospital and it closed up.'*



Low (often described as inappropriate) usage of Primary Care Services.

(22 sources/50 references)

- *'No one to make an appointment. It's laziness. Just laziness. You know laziness and a drug addict.'*



High (often described as inappropriate) usage of Emergency Department (ED).

(24 sources/56 references)

- *“I slept there for three months (laughs)...(laughs)....When I went in to the toilet I’d lock the cubical, put me sleeping bag out and went to sleep...And why Casualty. What.....It’s Safe... and it’s warm, and it’s in out of the cold”.*



Poor compliance with medication

(10 sources/30 references).

- Not taking their triple therapy for HIV.
Participant-18: *“No, so I was thinking what’s the point?”*



Health Service Usage Homeless People.

- No Medical Card: (2005) 45%;
(2015) 25%
- ED Attendance:
 - SJH (2015) 6.2%
 - MMUH (2015) 7.3%
- Hospital Bed Days
 - SJH (2015) 6.6%
 - MMUH (2015) 5%



Social, Economic & Structural Backgrounds

Poverty

Marginalization

Homelessness

Drug Addiction

Migrants

Internalised Barriers

Cognitions Emotions

External Barriers

Physical Financial Communicative
Administrative Attitudinal Resource

Health
Care Need

Healthcare
Needs and
Desire for
Treatment

Healthcare
Seeking

Healthcare
Reaching

Healthcare
Utilization
Primary Access
Secondary Access

Psychological Barriers

Personal Background

Individual Genetics

Family

Friends

Culture



Queues
Forms
Attitudinal
Discrimination
Administrative
Rules
Appointments
Physical
Stigma
Barriers

Physical Barriers-Deterrents

Distance

- *“Well if I hadn’t got you, I’d have to mainly go out to him and (it) is very far away?”*



Administrative Barriers-Deterrents

Application Process for Medical Card



- *“I had blood poisoning...and blood clots in my leg and I actually walked around for...a week and a half... Because I had no medical card or anything like and I was actually afraid to go up to hospital”*

Administrative Barriers-Deterrents

Appointments

- *'you wouldn't have much organisational skills or time*

keeping or any of them things that a normal person would just take for granted..All those appointments about your health, you really don't prioritise that.'



Administrative Barriers-Deterrents

Waiting Times – Queues

- *“Oh it was horrible like I used to be sitting in the waiting room thinking like...what’s the point of this”.*



Administrative Barriers-Deterrents

Policies for Management of Addiction in Emergency Department

- *“It could be a day before they see you even, and most drug users have to get out...get money and ...drugs. I often had to (leave the queue), I’d say most drug addicts do. When you come back you’re put at the end of the queue again.”*

Administrative Barriers-Deterrents

Rules of Service

- *“I’m a drug addict for f..k sake”*



Administrative Barriers-Deterrents

The Presence or Absence of Information

- Participant-11 had an old hospital prescription for his anti-coagulant medication (for deep venous thrombosis) which he said he had not been able to get for 6 weeks as he had no doctor or medical card.



Attitudinal Barriers-Deterrents

Stigma & Discrimination

- *“He just looked at me as if I was bleedin’ dirt like.”*
- *“As soon as you give them your name, you know what way you’re going to be treated”*



Attitudinal Barriers-Deterrents

Conversations of Exclusion

- *The Benzo Conversation.*
- *The Mistrustful Conversation*
- *The Blaming Conversation.*
- *The Assertiveness Conversation.*

Internalised Inhibitors

**Internalised
Cognitive
Inhibitors**

**Internalised
Emotional
Inhibitors**



Self-Blame

Denial

Presume-Discrimination

Need-to-Survive

Fatalism

Thoughts

Internalised Cognitive Inhibitors

Fatalistic Cognitions

- *“I don't care about me life...I can see death, in me... And it is going to happen someday. I think it's going to be very soon... I didn't expect to live very long either.”*



Internalised Cognitive Inhibitors

Denial Cognitions

- *“Everybody has a choice. I just wasn’t listening and was in denial with my health.”*



Internalised Cognitive Inhibitors

- **Presumption of Poor Treatment Cognitions**
- P-36: *“Yeah I won’t go near that hospital.”*
- P-37: *“I don’t blame you”*
- P-38: *“It deters you from going there?”*
- P-38: *“Did you go to another hospital.”*
- P-36: *“No, I’m not going to any hospital.”*

Internalised Cognitive Inhibitors

Self Blame Cognitions

- *“Sometimes you feel like that too, only wasting their time, you know. There’s somebody out there who needs the help more than you need it...Because I’m a drinker and it’s my own fault.”*



Internalised Cognitive Inhibitors

Presumption of Discrimination Cognitions

- *“Well there is doctors out there the minute they hear you are on drugs, you know what I mean, they kind of give you a wide berth”*



Internalised Cognitive Inhibitors

Deferral to the Future Cognitions

- *“thinking aw it’ll be get through tonight and then I’ll worry about tomorrow.”*



Internalised Cognitive Inhibitors

Need to Survive Cognitions

- Competing Priorities.

SURVIVAL



Eliot

Hopelessness
Feelings
Fearless
Shame
Fear

Internalised Emotional Inhibitors

Fear

- *“My partner like he wants off the Clinic...he was.....jumped on...Verbal confrontation and then bang.....youngsters for some reason, their answer to everything is violence.”*



Internalised Emotional Inhibitors

Lack of Fear



Internalised Emotional Inhibitors

Hopelessness

- *“I don’t care about me life.”*



Internalised Emotional Inhibitors

Embarrassment

- *“Yeah, yeah, you know what I mean because I was dishevelled...when you’re homeless and in that situation...I was sleeping the street for a week and you can’t (go into hospital like that).”*



Internalised Emotional Inhibitors

Low self-esteem

- *“And along with the stigma sometimes you feel the inferiority complex. I think a lot of addicts have an inferiority complex...You do feel very small within yourself...Never mind the doctors that you feel lower and less of a life form than them.*



Internalised Emotional Inhibitors

Anger



Social, Economic & Structural Backgrounds

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Psychological Barriers

Personal Background

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Family

Friends

Culture

Generative Mechanisms

1. Prior to Becoming Homeless

– Poverty Associated

- Lower Expectations
- Familial Dysfunction
- Substance Misuse
- Fear of Authority
- Illiteracy

– Mental Health




Generative Mechanisms

2. Subsequent to becoming Homeless

- Lack of appropriate accommodation
- Ubiquity of Early Death
- Immediate Survival Prioritised.
- Chaotic Nature of Homelessness
- Negative Experiences of Authority
- Stigma & Discrimination.



Effect of 'Territory'

THIS
IS  **MY**
TERRITORY

Health Services Design suits the HSU of the domiciled population but not that of homeless people.





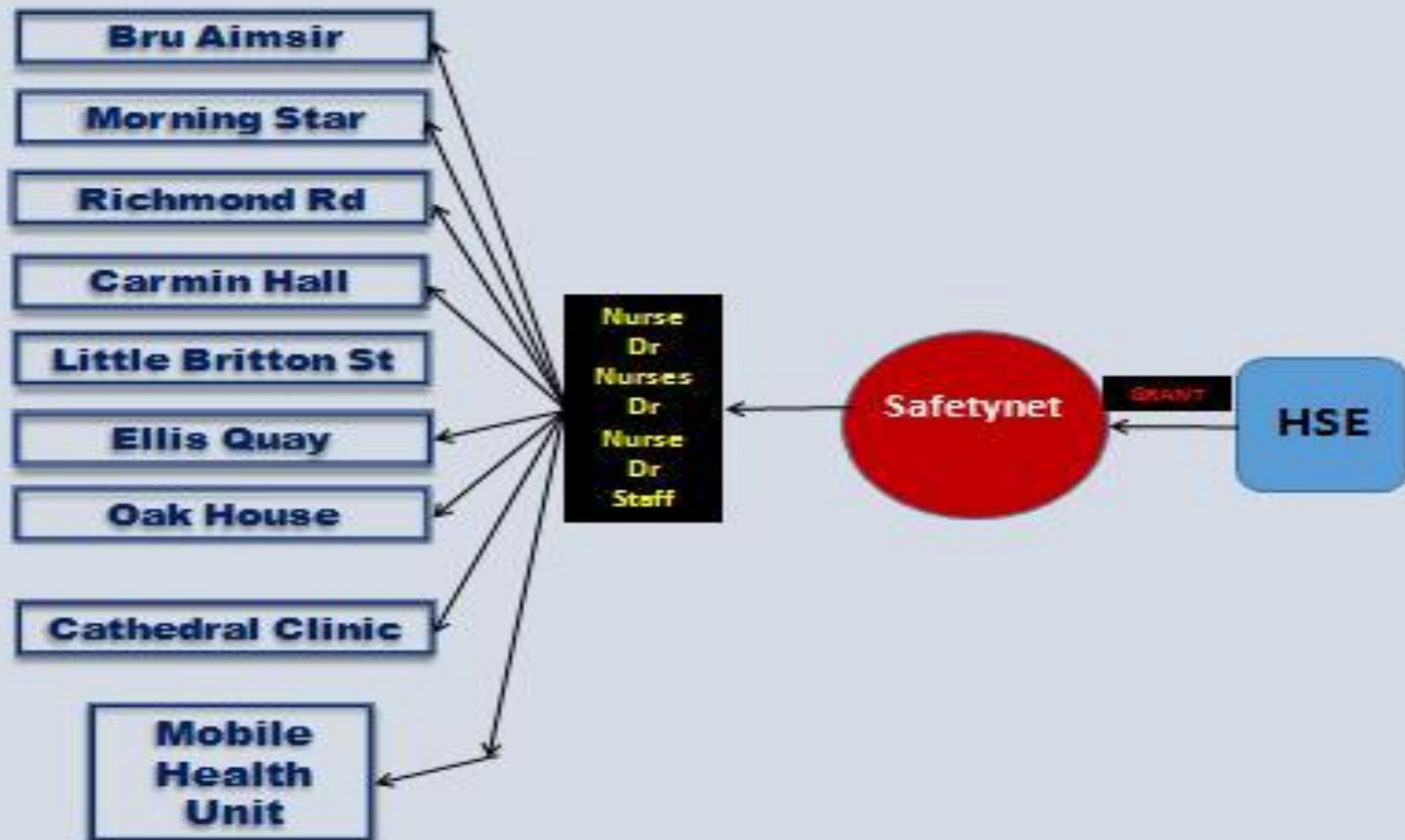
Safetynet Ireland

PRIMARY HEALTHCARE FOR HOMELESS PEOPLE

Safetynet Homeless Direct Service Clinics



Safetynet Ireland
PRIMARY HEALTHCARE FOR HOMELESS PEOPLE

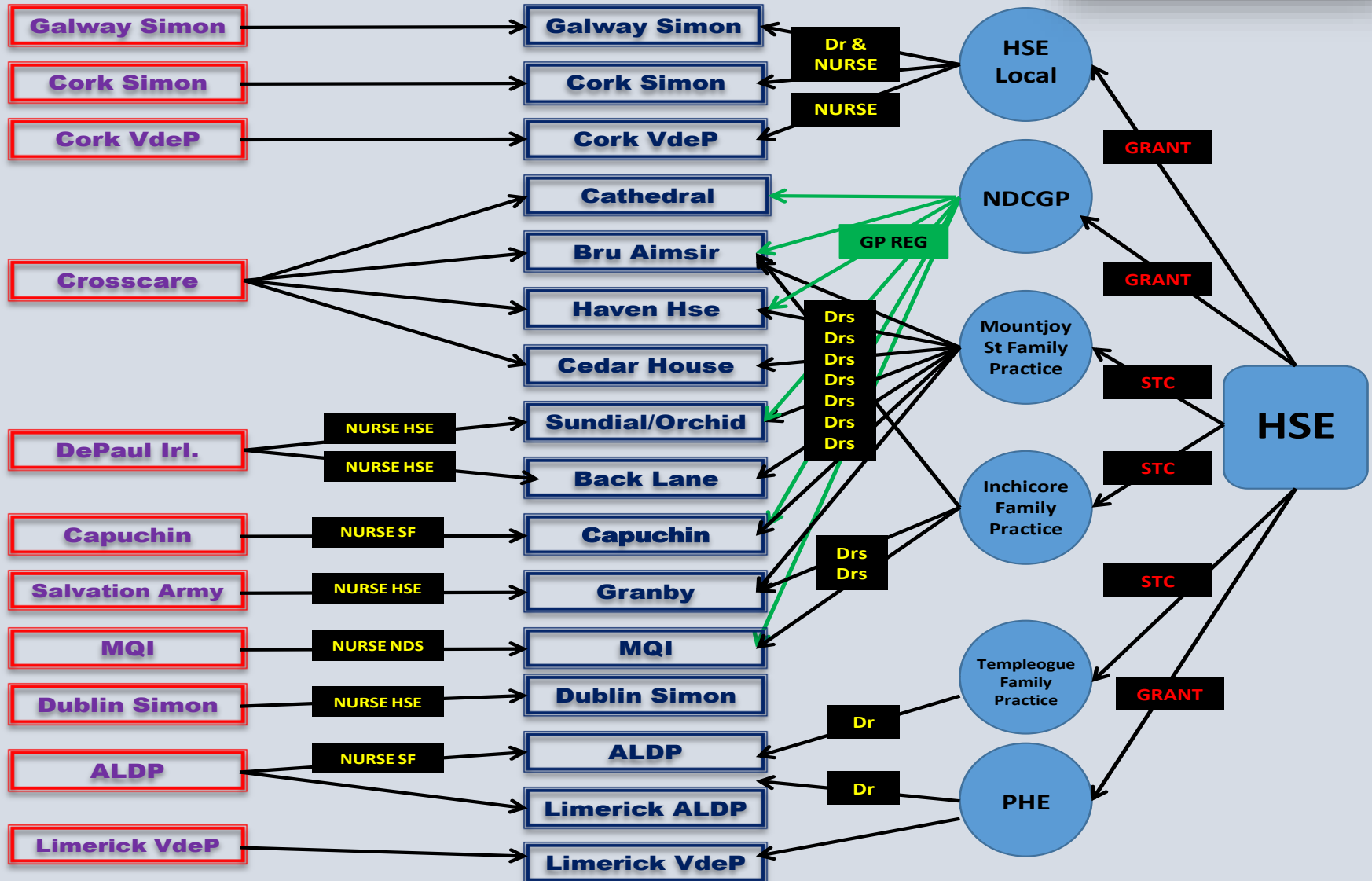


Safetynet Homeless

Affiliated Service Clinics



Safetynet Ireland
 PRIMARY HEALTHCARE FOR HOMELESS PEOPLE



Safetynet Methadone Programme

- 510 started
- 86% retained in treatment
- 80% Accommodation Status Improved



Safetynet Clinics for Migrants



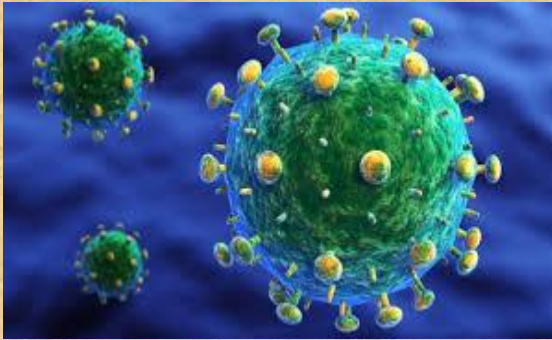
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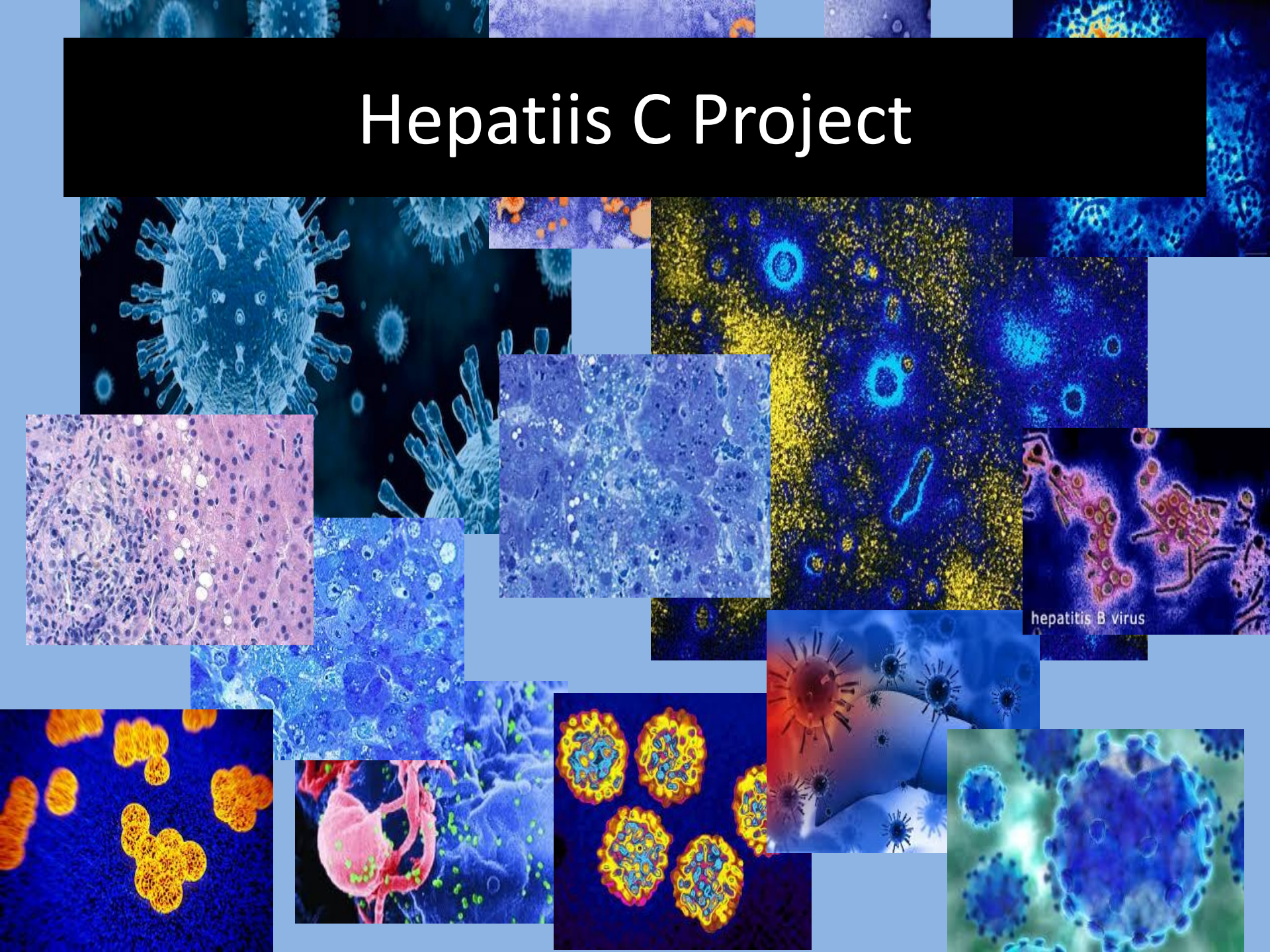
Safetynet Mobile Screening & Integration Unit



Safetynet Ireland
PRIMARY HEALTHCARE FOR HOMELESS PEOPLE

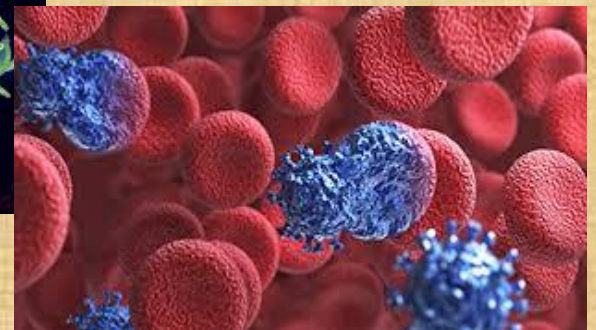
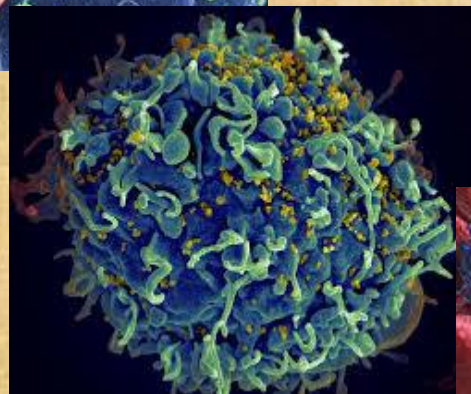
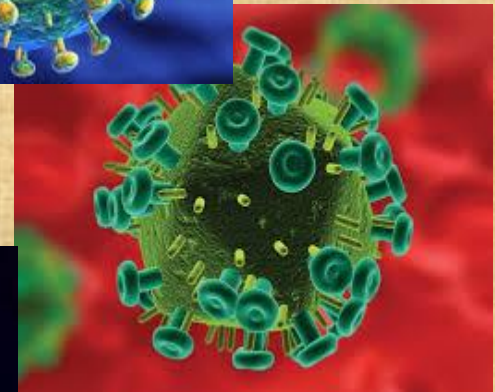
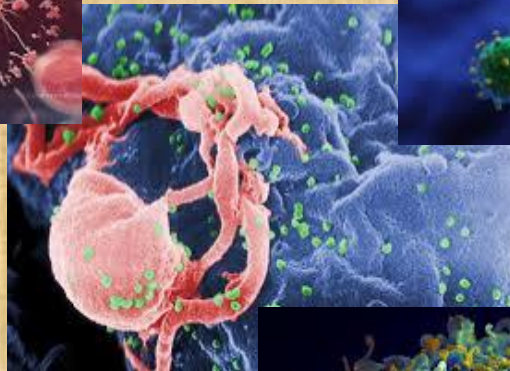
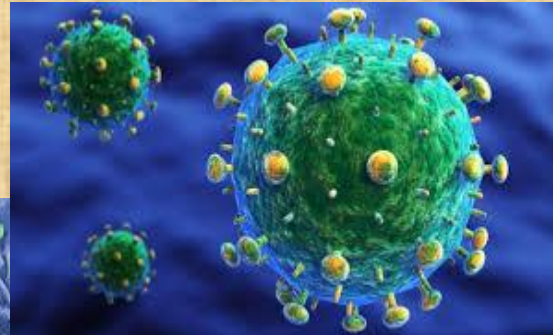
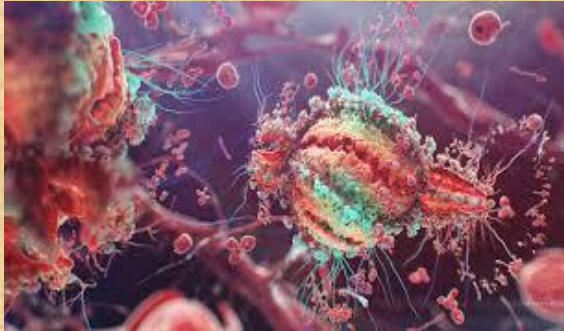


Hepatitis C Project



hepatitis B virus

Safetynet HIV Stabilization Unit



Safetynet Homeless Mobile Clinic



Safetynet Ireland
PRIMARY HEALTHCARE FOR HOMELESS PEOPLE



'If it was not here I probably would have asked hostel to call Doctor or to call an ambulance'

'I wasn't able to make it up to my Doctor today to collect my methadone or medication because of my legs, ...because of this (Mobile Health Unit), I got a bit of help, it means I might be able to go up tomorrow.'

'Don't know where I would have gone without it'

'If it wasn't here, would have just suffered with it'

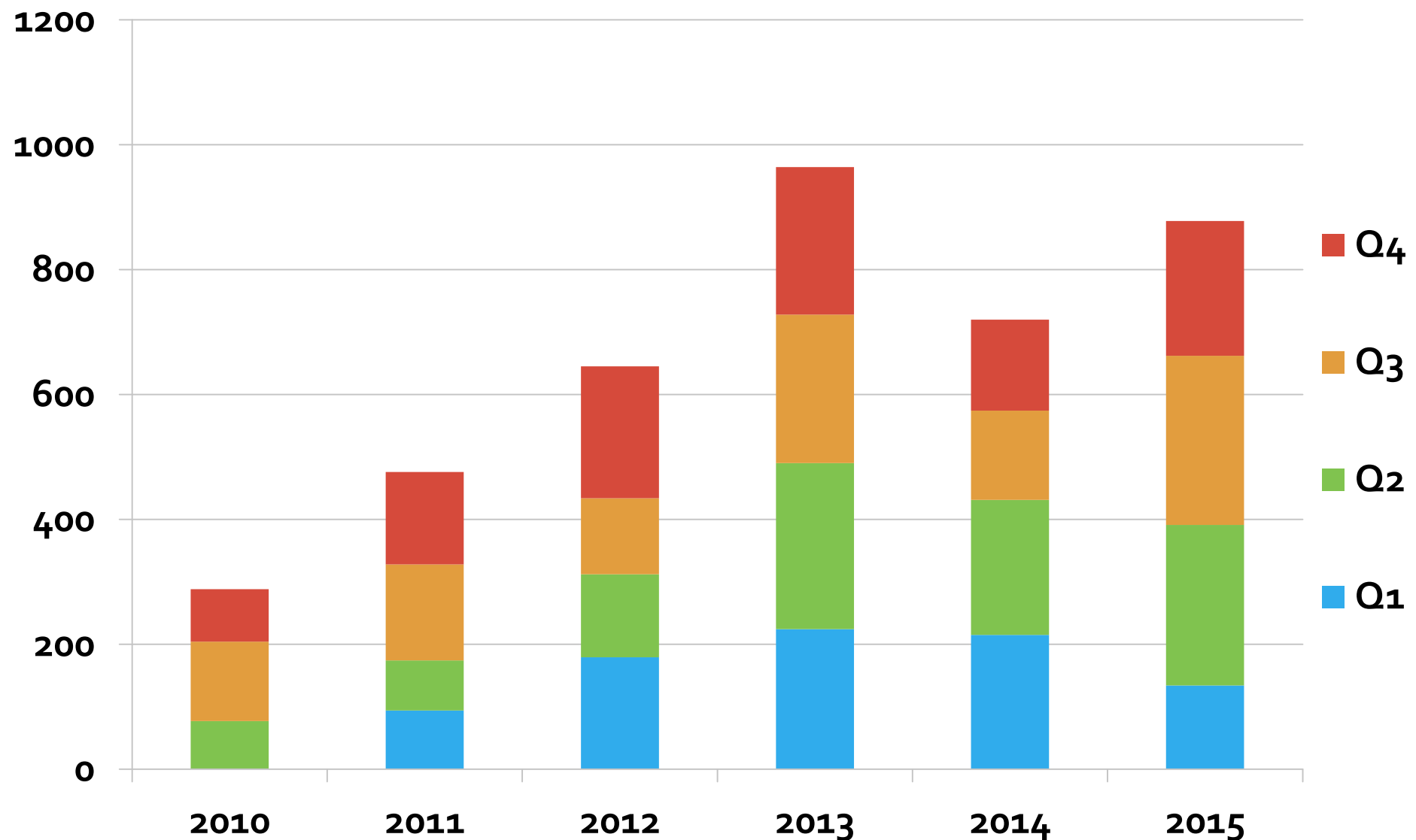


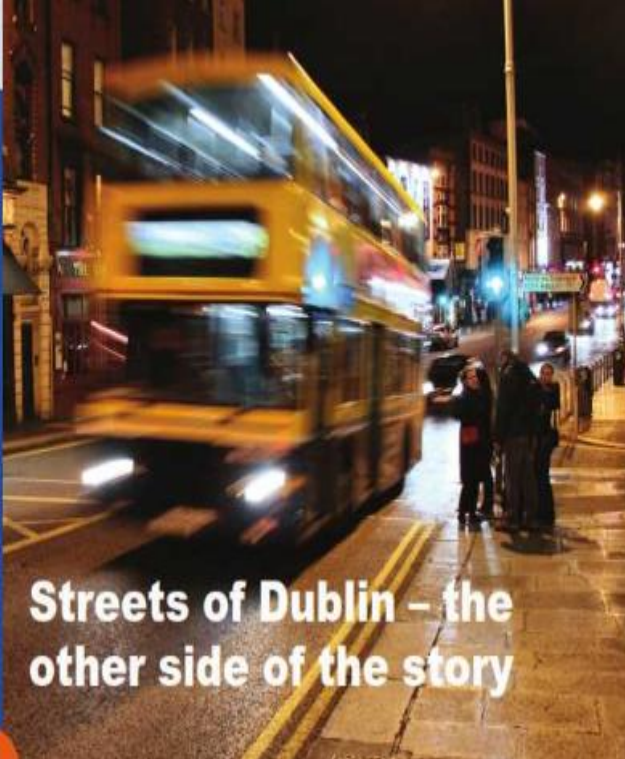
Offers us a chance to provide a low threshold, easy to access service for hard to reach group's

We see the difficulties homeless patients have in managing health problems in the context of their competing priorities and learn to tailor a treatment plan to their circumstances

It is a humbling experience and exposes us to the realities of homelessness

No of Consultations per Year





Streets of Dublin – the other side of the story

https://www.inm.ie/Magazine/Article/PrintArticle/9178

Focus - mobile health clinic - A safety net

A new mobile health clinic is providing a vital service for homeless people and female sex workers, writes David Greene

The Safetynet network for homeless health services in conjunction with the Dublin Simon Community, the Chrysalis Community Clinic for homeless people and female sex workers. The aim of this service is to bring primary healthcare and harm reduction services launched on May 10, 2011 in the Mansion House by Minister Rosain Shortall. The service operates in a number of locations on the c

The clinic is the brainchild of Dr Austin O'Carroll, a GP with his own practice in Mountjoy Street, Dublin 7. Dr O'Carroll is the voluntary agencies providing primary health care to homeless people living in Dublin City and Cork City. Safetynet is not a service and commitment of a number of key players including the HSE, GPs and the voluntary sector who work in partnership to run the service targeted at people who are homeless in Dublin. Homeless people have higher morbidity from physical conditions, as well hepatitis and tuberculosis.^{1,2,3}

Health on the streets: crucial care for people without homes

The number of people attending Safetynet's mobile medical clinic is growing all the time

Tue, Feb 16, 2016, 01:00



Claran D'Arcy

Follow @clarcy_clara

Video Images



THE IRISH TIMES Mon, Feb 29, 2016

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All aboard for a health check

Tue, May 19, 2011, 01:00

Newly kitted-out mobile clinic runs twice each week and offers GP services to homeless people and sex workers, writes **CLAIRE O'CONNELL**

"I DON'T know where else I would go, to be honest." That's the verdict of one homeless woman attending an out-of-hours mobile health clinic at Stephen's Green in Dublin recently, and it reflects the views of many of the patients who came seeking medical services that night.

The clinic, which today officially launches its newly kitted-out bus, runs twice each week and offers GP services to homeless people and sex workers.

The mobile health clinic grew out of a need to engage with homeless people who may otherwise not access primary healthcare services, explains GP Dr Austin O'Carroll, who has been a driving force behind it.

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Irish Politics International Opinion Culture My Feed Election 2016

Tags AUSTIN O'CARROLL CORK DUBLIN HUGH MCELVEEN

The power of goodwill – Documenting Dublin's mobile health clinic

Safetynet Ireland operates a free mobile health clinic for those who find themselves on the streets. A photographer has been following their work and has shared his pictures with TheJournal.ie.

Oct 9th 2012, 7:20 AM 6,255 Views 6 Comments

Share 116 Tweet 19 Email 21

SINCE 2007, SAFETYNET Ireland has been providing free healthcare to both the homeless and sex workers of Dublin, Cork and Galway.

The brainchild of Dr Austin O'Carroll, a GP from Dublin, the service operates on a shoestring budget and an abundance of goodwill from various groups.



eolas magazine

HOME TOPICS ABOUT US ADVERTISING CONTACT DIGITAL EVEN

Health care by night



An innovative mobile health clinic is taking to Dublin's streets at night to treat homeless people. Meadhon Monahan speaks to Dr Austin O'Carroll, who set up the service.

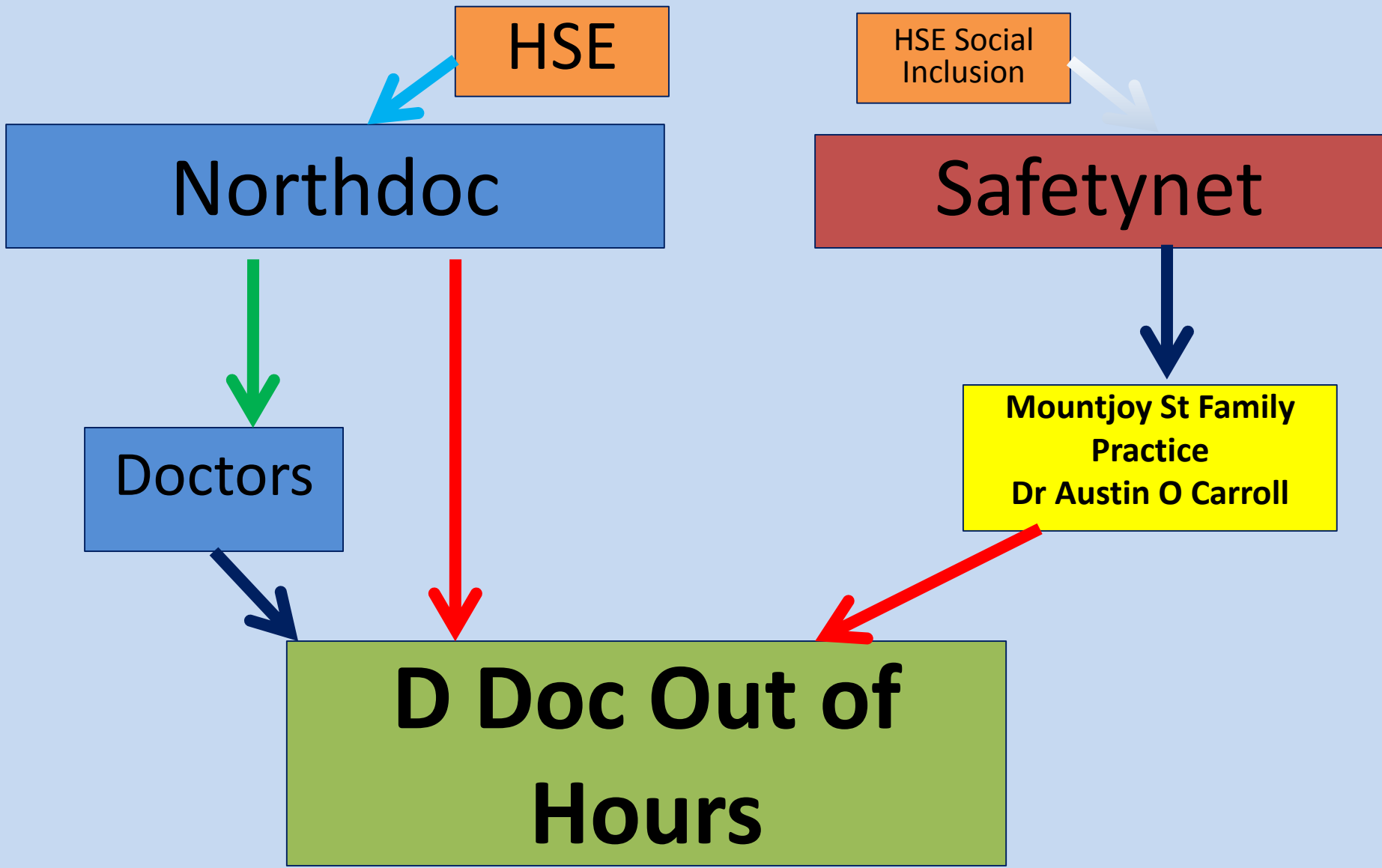
"What gives them hope is the fact that there are people interested in them," says Dr Austin O'Carroll, an inner-city GP who has set up a mobile health clinic for Dublin's increasing homeless population.

Treating rough sleepers on Thursdays and female sex workers on Wednesdays, the staff on the mobile clinic don't often come across hope; instead it's about survival.

"Providing health services is all about survival. I don't think you can really improve the health of homeless people until you get them into a house. Until then, what we are doing is about survival, trying to keep them alive until they get into accommodation," O'Carroll explains.

The clinic is staffed by volunteer third and fourth year GP trainees and is supervised by volunteer senior doctors. Outreach workers from the Dublin Simon Community's rough sleeper team, Chrysalis community drug project and the Order of Malta Ireland are partners in the venture.

Since he opened his Mountjoy medical practice in 1997, O'Carroll's mission statement has been "to provide the highest quality care to our patients and to address the issue of health inequalities in our community, particularly with hard to reach groups."



HSE

HSE Social
Inclusion

Northdoc

Safetynet

Doctors

Mountjoy St Family
Practice
Dr Austin O Carroll

**D Doc Out of
Hours**

Safetynet Street Medicine Symposium



Safetynet Ireland
PRIMARY HEALTHCARE FOR HOMELESS PEOPLE



Safetynet Intermediate Care Centre



Safetynet Ireland
PRIMARY HEALTHCARE FOR HOMELESS PEOPLE





North Dublin City GP Training

HEALTH CARE FOR ALL

Vision

- That every person and community has access to a professional, quality and holistic general practitioner service that will allow them maximise their health irrespective of background and economic status.

Mission

- To form professional and high quality general practitioners whose passion is to maximise patient and community health in a holistic manner and whose own health is maximised through the ability to self-care.



The Curriculum

- Social Medicine Module
- Self Care Module
- Change Management Module
- Research Module
- Arts Programme



The Curriculum: Social Medicine Module

- **Stigma & Discrimination**
- **Health Inequities**
- **Health of Marginalised Groups**
- **Consulting Behaviour**
- **Primary Healthcare in Community**
- **Treatment of Drug Misuse**
- **The Time Efficient Consultation**



The Curriculum: Self Care Module



The Curriculum: Change Management Module



The Curriculum: Arts Programme



Hospital Posts



GP Practices



Special Interest Posts



Special Interest Posts

- <http://www.healthequity.ie/education-1>

Vision & Mission Committee



Post Scheme Mentoring & CME



OUTCOMES

- **Applications**

- Highest rate of Applications of any scheme in country.

- **National Impact**

- Social Medicine Module
- Migrant Health Module



OUTCOMES

- **Survey:**
 - 38/42 (88%) Response Rate
 - 37/38 working in an area of deprivation and/or with a marginalized population.
 - 37/37 want to end up working in area of deprivation and with marginalized groups.



OUTCOMES

- Manchester
 - Funding for similar scheme obtained for 2019.
- Glasgow
 - Specialist Registrar Posts developed based on NDCGP.
- Northern Ireland
 - Seeking to develop National Social Medicine Curriculum



Inclusion Health SJH





- Homeless patients in SJH:
 - ED: *10-fold higher 6%*
 - Inpatient days: *20-fold higher 10% (up to 15%)*
 - **At least 10 million euros/year**



Inclusion Health SJH



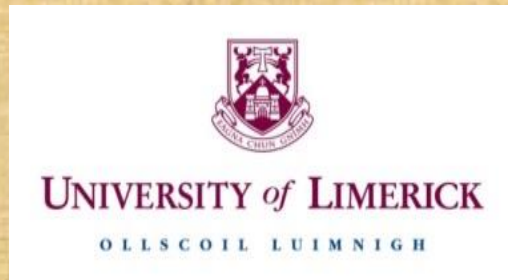
**Inclusion
Consultant &
Nurse**

**Multi-
Disciplinary
Team Meetings**

**Hospital Sub-
Committee on
Homelessness**

**Inter Hospital
Working
Committee**

PARTNERSHIP *for* HEALTH EQUITY





EQUALITY



EQUITY

**Making health equity a reality
through research, education,
policy and practice**



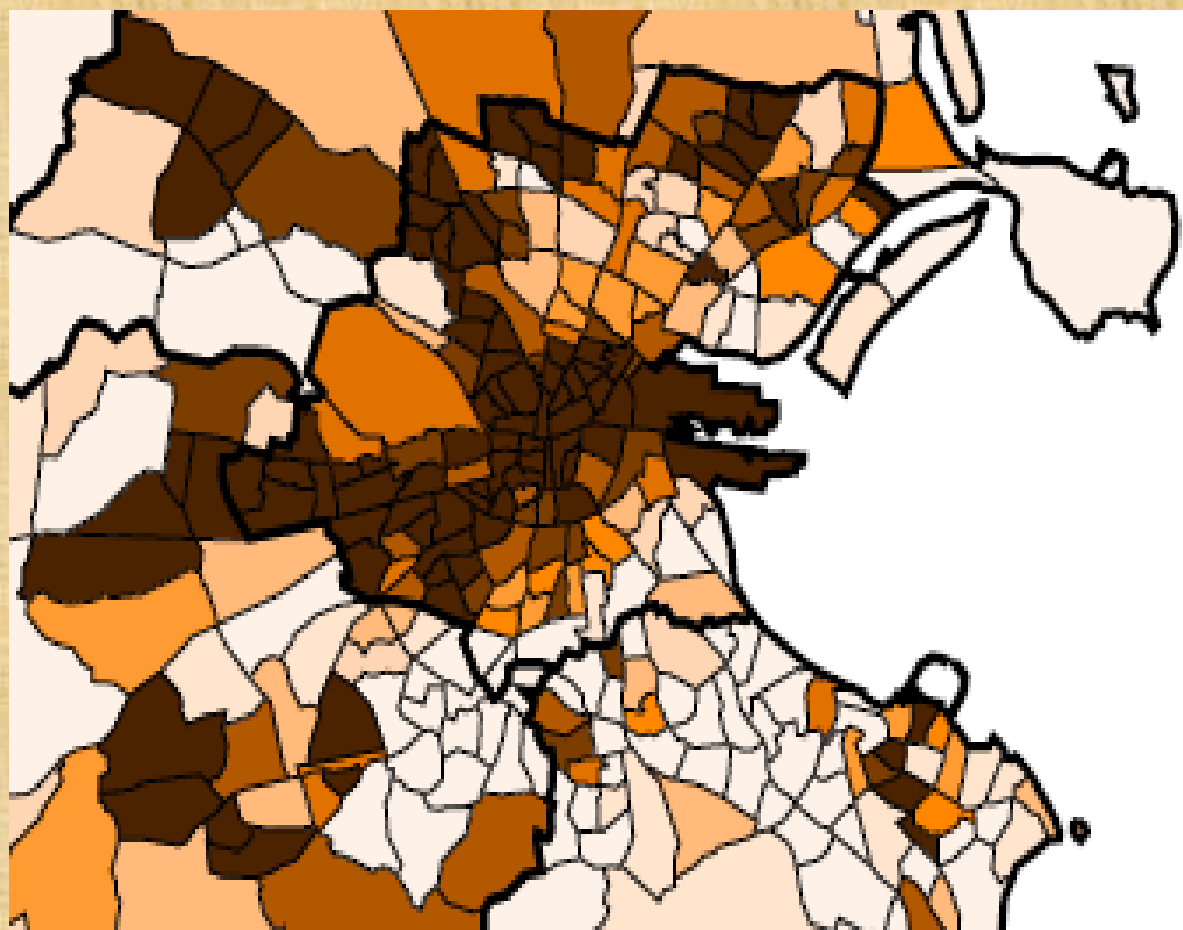
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HealthCareNet

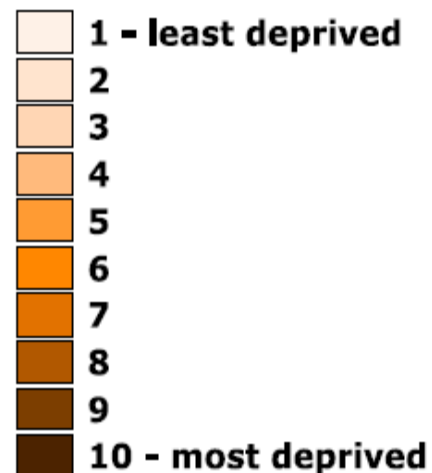
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SafetyNet Ireland
PRIMARY HEALTHCARE FOR HOMELESS PEOPLE



**Deprivation level
(2006)**



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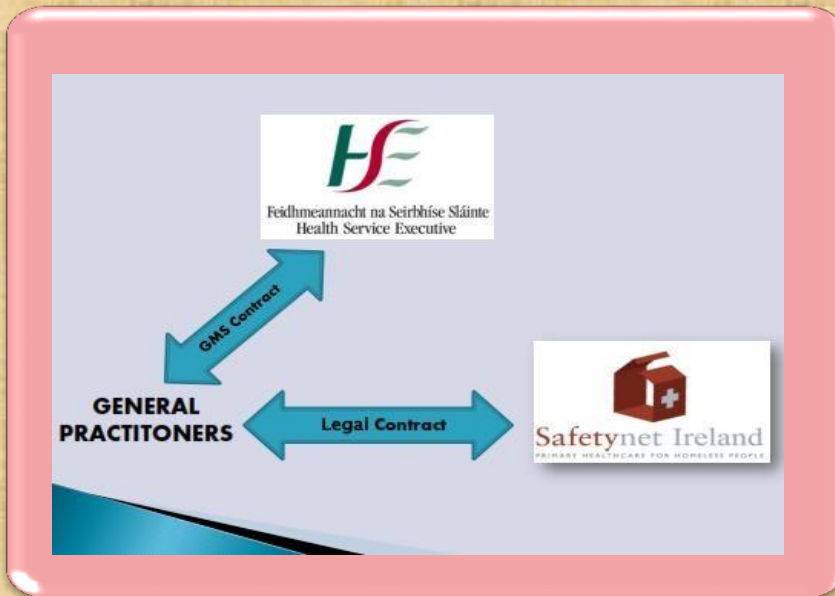


**A self funding social enterprise
focused on providing primary
health care to those in most need**



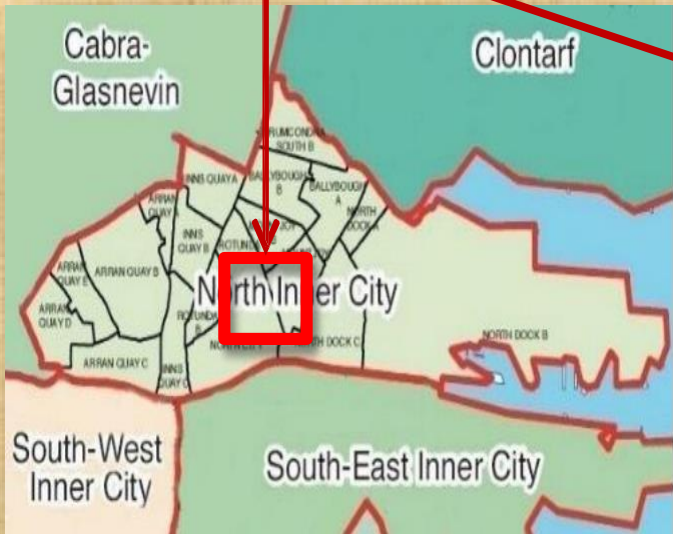
**A sustainable solution to
permanently addressing a gap
in our primary care model**

HealthCareNet

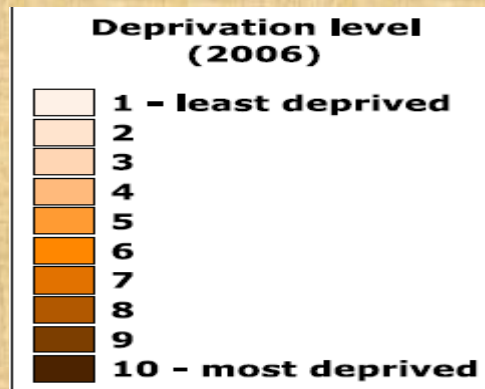


HealthCareNet

THE GAP



- Population 6839
 - Population 9393
- Density:
people/km²





THE DUBLIN PROJECT

Safetynet



Direct Services

- Bru Aimsir Dublin
- Richmond Rd
- Little Britton St
- Morning Star
- Carmin Hall
- Cathedral Dublin
- Roma GP Tallaght
- HIV Stabilization
- Eastern European Project
- Screening Unit
- Mobile Health Unit
- Refugee Integration

Affiliated Services

- MQI Dublin
- Granby Centre
- Capuchin Centre
- Sundial House
- Back Lane Hostel
- Orchid Hostel
- Haven House
- ALDP Dublin
- Simon Cork
- Cedar House
- Simon Galway
- SVP Cork
- Methodone Service
- Hepatitis C Project

North Dublin City GP Training Programme



| GP's working Areas Deprivation | GP's working with Marginalized | Clinical Excellence | Systems Change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>GP Practice in Area Deprivation</p> <table border="1"> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> <tr><td>GP</td><td>GP</td><td>GP</td></tr> </table> | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | <p>Special Interest Posts</p> <table border="1"> <tr><td>Prison</td><td>Prison</td></tr> <tr><td>Prison</td><td>Prison</td></tr> <tr><td>Prison</td><td>Drug Tx</td></tr> <tr><td>Drug Tx</td><td>Drug Tx</td></tr> <tr><td>Drug Tx</td><td>Drug Tx</td></tr> <tr><td>Migrant</td><td>Migrant</td></tr> <tr><td>Migrant</td><td>Migrant</td></tr> </table> | Prison | Prison | Prison | Prison | Prison | Drug Tx | Drug Tx | Drug Tx | Drug Tx | Drug Tx | Migrant | Migrant | Migrant | Migrant | <p>ICGP National Curriculum</p> | <p>Vision Mission Committee</p> <p>Social Medicine Curriculum</p> <p>ICGP Soc Med Curriculum</p> |
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| GP | GP | GP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GP | GP | GP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prison | Prison | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prison | Prison | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prison | Drug Tx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug Tx | Drug Tx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug Tx | Drug Tx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Migrant | Migrant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Migrant | Migrant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Inclusion Health SJH



- St James Hospital
- Mater Hospital
- Inclusion Consultants
- Inclusion Nurses
- Safetynet SJH Committee
- Multi-disciplinary Team Meetings
- Intermediate Care Centre

HealthCareNet



- Summerhill GP
- Fettercairn GP

Partnership for Health Equity



| Research | Education | Policy Formation | Service Provision |
|----------|-----------|------------------|-------------------|
| | | | |



N

O

Yes

Sinead Grogan
Naoise Kinsella
Sorcha O
Brid Shanahan
Dermot Power
Jennifer
Keenan
Marguerite
Riordan
Patrick O'Donnell
Tibald McHugh
Dave Greene
Joanna McNevin
Colleen
Thomas
Serrina
Hopkins
Denise O Mahony
Claire Dunne
Neasa
Cillian de Gascun
McDonagh
Cathy Cullen
Menendez
Derek Parker

EVERYONE



Marie Naughten
Un
Louise Malone
Frank Munnelly
Kevin Kerney
Carol Murphy
Simon Rough Sleeper
Deirdre Dowd
Fiona O'Reilly
Gavin Carroll
Angie Wallace
Don Coffey
Martin
Pump Crowley
John Latham
Bernadette
Brigid Kieny
John Flanagan
Cliona Nic Cheallaigh
Erri Moore